

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90039 023 *****50.00

DOCUMENT # L00000011013

1. Entity Name

NAPLES BATH & TENNIS CLUB, LLC

Principal Place of Business

17 W PENNSYLVANIA AVE.. STE 500
TOWSON MD 21204

Mailing Address

17 W PENNSYLVANIA AVE.. STE 500
TOWSON MD 21204

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **52-2265490**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RYAN, JEAN ESQ.
BOND, SCHOENECK & KING, P.A.
4001 NORTH TAMiami TRAIL, SUITE 404
NAPLES FL 34103**

7. Name and Address of New Registered Agent

**Naples Lawdock, Inc.
4501 Tamiami Trail North, Suite 300
Naples, Florida 34103-3060**

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **John D. Humphreville, Vice President**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **CONTINENTA REALTY INVESTORS CORP**
STREET ADDRESS **17 W PENNSYLVANIA AVE., SUITE 500**
CITY-ST-ZIP **TOWSON MD 21204-5096**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *William H. Kinnear, Jr* **REQUIRED** *William H. Kinnear, Jr* *3/6/02* *410-296-4800*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0044809

CR2E083 (9/01)